

FAMILY FOSTER PARENT HANDBOOK
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FOSTER PARENT HANDBOOK INTRODUCTION

Family Foster Care is a program designed to provide a substitute family life experience in a Division of Children and Family Services (DCFS) approved home, Kinship Foster Home, or licensed facility for a child who needs care for a temporary, or in some instances, for an extended period of time. During this time, the birth/legal family is either nonexistent or dysfunctional due to social, emotional, economic, and/or physical reasons. Foster care is founded on the premise that all children have a right to a safe supportive environment in which to grow, preferably a home environment.

The purpose of foster care is to provide a healthy home and community experience for the child while the conditions which caused the placement away from the birth/legal family are being resolved. Thus, foster care is intended to be temporary. The length of a child's stay in foster care will depend a great deal on the conditions which caused the placement and the time and the resources available to resolve them. The goal of foster care is to work toward a permanent placement for the child, preferably, return to the birth/legal parents.

Foster care is a team effort involving DCFS, the family foster parents, the foster child, and the birth/legal parents. When all those directly involved in the situation understand their own and each others' roles and cooperate as team members in a team effort, the quality of the experience for all is increased, and the effect on the child's future well-being is greatly influenced.

Kinship Foster Homes are homes in which adult relatives within the first, second, or third degree of consanguinity to the parent or stepparent are recruited by the Family Service Worker to provide 24 hours per day care for children who are related to the kinship foster parent by blood or marriage. These homes must meet all of the minimum licensing requirements for a Family Foster Home. Relatives who are approved for placement of children in their home may choose to be Kinship Foster Home or a regular Foster Home. Kinship Foster Homes will be approved only for placement of relative children. If the relatives choose to be a regular Foster Home, they will have the responsibility of caring for relative and non-relative foster children.

There will be no distinction in licensing requirements between kinship foster homes and all other approved foster homes in Arkansas.

Once permanency is achieved for the relative children placed in a Kinship Foster Home, relatives may choose to become a regular Family Foster Home if they remain in compliance with licensing standards. This will be a decision made by both the relatives and DCFS based on the best interest of the relative children.

Kinship Foster Homes are to receive an approval letter and certificate (CFS-481) identifying approval as a kinship foster family. A new approval letter should be issued if the family becomes a regular foster home.

It is your responsibility as family foster parents and kinship foster parents to provide twenty-four hour nurturing care to the foster child. You also have a responsibility to help the child develop a good self image and have positive feelings about his past, present, and future.

Good communication among all team members, as well as mutual respect, understanding, and honesty is essential elements for achievement of these goals. All team members share the responsibility for ensuring that lines of communication are kept open and in use.

Because of the difference in responsibilities and perspectives, conflicts may arise. How well conflicts are worked out will determine the success with which the team is able to serve the needs of the child.

This handbook has been prepared to provide you with information you may need. This handbook is only a reference guide. Contact your local DHS County Office for clarification and interpretation of any information provided here.

RESPONSIBILITIES OF THE FOSTER CARE TEAM

FOSTER CHILD

Children have certain inherent rights based on their special status as children and their inability to care for themselves. Among these inherent rights are the right to live with their birth/legal family and to receive love, protection, nurturance, and support until they reach the age of majority; the right to be free from harm, neglect, and abuse; to receive an education; to have physical

care and medical attention; to enjoy all facets of family life; to be disciplined and to receive religious and moral training, and to grow into self-sufficient, independent young adults.

When a child's right to live with his own birth/legal family is in jeopardy, the child has a right to be represented by legal counsel and to have his legal rights protected in any judicial procedure which addresses custody or guardianship. DCFS has certain responsibilities to children who have been removed from the custody of their birth/legal parents. Responsibilities of DCFS to foster children are as follows:

- To place the child in a family foster home, kinship foster home, or, other substitute care facility that can best serve the child's needs and is the least restrictive environment;
- To place the child close to birth/legal parents to allow frequent contact;
- To have regular visits for the child with birth/legal parents, siblings, and others with whom there is a significant relationship, unless restricted by court order;
- To give the child honest information regarding all decisions;
- To provide the child the basic rights inherent to all children as stated above;
- To allow the child to participate in case planning, conferences, staffings, and court hearings, etc., whenever possible and age appropriate;
- To keep a record for each child that includes legal documents (e.g., birth certificate, social security card, court orders).
- To help the child return to the birth/legal parents' home at the earliest possible time or to be legally freed to form new family ties with relatives or adoptive parents; and
- To prepare the child for independence.

BIRTH/LEGAL PARENTS

Birth/legal parents are the key to long-range planning for the foster child. They are central members of the foster care team. The child began with them, identifies with them, and in most instances, longs to return to them. The return of the child to his home is dependent on his birth/legal parents' ability to improve their situation. Otherwise, his birth/legal parents face the possibility of long-range plans being made which may include termination of parental rights. With the exception of parents of children for whom the Department of Human Services is guardian or birth/legal parents whose rights have been permanently terminated, DCFS has certain responsibilities to the birth/legal parents of children placed in the custody of the Department of Human Services.

Responsibilities of the DCFS to birth/legal parents are:

- To offer and provide services directed toward preservation of the family as a unit and the avoidance of foster care if at all possible;
- To inform the birth/legal parents of the reason for removal of the child when foster care is necessary;
- To advise birth/legal parents that they can seek the assistance of an attorney anytime a legal action involves the child. If the birth/legal parents cannot

afford an attorney, they can advise the court of this and seek assistance from Legal Aid, the Lawyer Referral Service, or other private means;

- To understand birth/legal parents without criticism or judgment and to acknowledge the birth/legal parents share in the child's life;
- To advise birth/legal parents of what parental privileges are retained while the child is in foster care;
- To advise birth/legal parents of what conditions must be met in order to have the child returned to them;
- To include birth/legal parents in developing the case plan for the child;
- To provide birth/legal parents every possible assistance and service for resolution or correction of conditions necessary for return of the child;
- To insure that birth/legal parents have full cooperation from all foster care team members toward achievement of case goals; and,
- To return the child to the birth/legal parents' home when the necessary changes or conditions required by the court or DCFS have been made and circumstances that necessitated the removal have been eliminated.

Responsibilities of birth/legal parents are:

- To cooperate as a foster care team member by participating in staffings, and court hearings;
- To maintain contact and communication with the child including keeping appointments for visitation and placing and returning calls;
- To help develop and follow the case plan (CFS-6010), thereby, making a permanent plan for the child;
- To notify DCFS at the earliest possible time if the birth/legal parents are no longer willing to work toward reunification and they wish to relinquish their parental rights and/or that another relative exists who would offer a permanent home to the child;
- To make necessary changes or correct conditions which prevent the child's return;
- To provide emotional support for the child;
- To be involved, whenever possible, in specific activities affecting the child such as medical care, religious, and social events; and,
- To provide financial support for the child. The court has a chart and will designate an amount for the birth/legal parents to pay.

FAMILY FOSTER PARENTS and KINSHIP FOSTER PARENTS

As temporary substitute parents, you are close to the foster child on a day-to-day basis. This closeness makes you a vital member of the foster care team. You are in an excellent position to evaluate the child's current needs and ensure they are being met in your family or through resources in the community.

You, as team members with a unique perspective of the child, can contribute a special knowledge to DCFS and to the birth/legal parents including information about the child's behavior, relationships with playmates and other members of your family, and adjustment to school and to the neighborhood.

By your observations of the child's relationship with his birth/legal parents and the child's reactions to visitation, you can enhance the DCFS work with the birth/legal parents. In some instances, you may also serve as actual role models for the birth/legal parents. This role modeling may be the first opportunity the parent has had to observe and learn effective parenting skills.

The responsibilities of DCFS to Foster Parents and Kinship Foster Families are:

- To provide pre-service training and continuing education for your role as family foster parents;
- To provide all available information concerning the child and the birth/legal family situation to enable you to make an informed decision about your ability or inability to provide care for the child in your home and participate in the case;
- To involve you as a team member in preplacement activities and case planning as well as staffings, and court proceedings;
- To ensure that you have a clear understanding of your role as well as the role of other team members in achieving case goals;
- To provide you with reimbursement for food, clothing and shelter which you have given children in your care;
- To allow you to continue your own family patterns and routine, as much as possible;
- To allow you to request the removal of a child from your home, with notice;
- To give notice, whenever possible, when a child is to be removed from your home;
- To promptly inform you of any complaint against your home or of any condition or problem in your home which adversely affects your "approved" status as family foster parents and to provide guidance and support from DCFS toward resolution of the condition or problem (See section on Complaint Against Foster Family Other Than Child Maltreatment.)
- To provide you access to a grievance procedure when differences arise with DCFS which have not been resolved to your satisfaction (See section on Family Foster Parent Grievance Procedure); and,
- To inform you of DCFS programs, services, and policies which relate to foster family care.

The responsibilities of Family Foster Parents and Kinship Family Foster Parents to DCFS, the child and the child's family are:

- To participate in family foster parent pre-service training and continuing education programs designed to enhance your ability to care for foster children;
- To assist in the development of an individualized training plan and follow the plan;
- To abide by the policies and the decisions of DCFS and accept DCFS's supervision;
- To participate in DCFS resources, community resources, and court activities as a team member with pertinent information based on day-to-day knowledge of the child in your care;

- To assist the child and DCFS in planning and achieving the child's return to his birth/legal parents' home or to a permanent placement;
- To provide a nurturing family life experience to the child including guidance, stimulation, affection, and appropriate discipline;
- To train and discipline children with kindness and understanding;
- To establish well defined rules, set expectations and limits are consistent with the child's age. There will be consequences for inappropriate behavior and the child will be apprised of the behaviors and actions that are not acceptable prior to any discipline being administered.
- To train and teach each child using techniques that stress praise and encouragement, discipline should be positive not negative.

Children shall not be subjected to verbal abuse, derogatory remarks about themselves or their family members; nor should they threaten to have the child removed from the foster home.

Methods of discipline that are unacceptable for use by foster parents with the child include but are not limited to:

1. Cruel, severe, or humiliating actions, such as washing mouth with soap;
2. Taping or obstructing child's mouth;
3. Placing painful or unpleasant tasting or hot substances in the mouth, lips, etc.;
4. Placing a child in dark areas;
5. Humiliation in public;
6. Physical punishment inflicted in any manner, such as hitting, pinching, pulling hair, slapping, kicking, twisting the arms, forced fixed body positions, etc.;
7. Denial of meals, clothing, shelter;
8. Withholding implementation of the case plan (CFS-6010), or any denial of basic rights;
9. Denial of visits, telephone, or mail contact with family members;
10. Assignment of extremely strenuous exercise or work;
11. Locked isolation of any kind; and
12. Punishment of any kind for poor toilet habits.

DCFS or foster parents shall never give permission for the school to use corporal punishment (whip the child). The school may elect to whip but we can never give permission for them to do so.

- To provide food, clothing, shelter and personal care;

- To lock up all medicines, cleaning supplies, insecticides, gasoline, hazardous tools, knives, guns, or similar dangerous objects. Guns must be unloaded and stored in a secure, locked location separate from ammunition. Foster parents shall administer medications only in accordance with directions on the label. All medications shall be stored in a secure location, and psychotropic medications shall be kept securely locked. Foster parents shall be aware of possible side effects of all medications. Foster parents shall keep a log of all medications dispensed;
- To provide for enrollment and regular school attendance when age appropriate in an accredited school and to encourage the expression of the child's strengths and special talents. Home Schooling is not allowed;
- To cooperate with DCFS in arranging for routine medical and dental care as well as ensuring that the child receives appropriate care during any illness; to accompany the child on all medical appointments; to monitor the child's intake of medicine (prescription or non-prescription);
- To maintain a record of health care, especially immunization records via the Medical Passport;
- To keep a lifebook for the child to record developmental progress as well as regular and special events in the child's life while the child is in your home;
- To speak positively of the child's birth/legal family;
- To maintain absolute confidentiality of private information about the child and the child's birth/legal family;
- To support the case plan, including the visitation plan and help the child feel comfortable with this;
- To maintain open communication with all team members; and, this includes communication with the child's birth/legal family when contact between you and the family is part of the case plan;
- To notify DCFS of any pertinent conditions, problems, or major family changes;
- To provide the child with opportunity for recreational activities and for participation in family, school, and community activities;
- To provide information to your Family Service Worker that will be useful in case planning, to participate in staffings and court hearings;
- To assist in preparing the child and showing support for any move that must be made (to birth/legal parents' home, relatives, another foster home, or an adoptive home);
- To keep the terms of the CFS-462 (Initial Foster Home Agreement) and CFS-462A (Foster Home Agreement Addendum); and,
- To notify DCFS of any needs, requests, pertinent changes or problems.

THE DEPARTMENT OF HUMAN SERVICES (DHS) AND ITS AGENT, THE DIVISION OF CHILDREN AND FAMILY SERVICES (DCFS)

The Department of Human Services acting through its agent, the Division of Children and Family Services, serves as the court-appointed legal custodian of the child and has the ultimate responsibility for ensuring that the child has the best possible foster care experience and that appropriate long-term plans are made. There is also a direct vested interest in resolution of the problems or

conditions affecting the status of the birth/legal family. The cooperative efforts from the courts, other agencies, and community resources are necessary to ensure that responsibilities to the child and assistance in resolution of problems or conditions affecting the child's birth/legal parent are carried out.

Department/Division responsibilities are:

- To serve as the court-appointed legal custodian of the child;
- To provide the foster child, birth/legal parents, foster family, and kinship foster family with the necessary support services to accomplish goals set out in the case plan;
- To work with birth/legal parents, foster families, and kinship foster family to see that the child's emotional needs are met;
- To conduct regular staffings, and arrange for Judicial Reviews of the case;
- To provide necessary medical or psychological services, evaluations, care or treatment needed by the child;
- To ensure that the child has planned regular visitation with his birth/legal parents; or, if there are barriers to visitation, to provide services directed toward removal or reduction of barriers to visitation;
- To ensure visits for child with siblings by planned regular contact (once every two weeks);
- To maintain regular contact with all team members according to the case plan;
- To keep all team members informed of significant changes in the status of the case or individual team members;
- To provide opportunity for a religious experience with respect for the child's and birth/legal parents' religion;
- To take the legal steps necessary to place the child in a permanent home when return to the birth/legal parents is not possible within a reasonable length of time, usually not more than one year; and,
- To keep the terms of the CFS-462 (Initial Foster Home Agreement) and CFS-462A (Foster Home Agreement Addendum).

APPROVAL, TRAINING, AND SUPPORT OF FAMILY FOSTER HOMES AND KINSHIP FOSTER FAMILY HOMES

FAMILY FOSTER HOME AND KINSHIP FOSTER HOME APPROVAL PROCESS

The process of preparing and evaluating you as prospective family foster parents is termed a family foster home assessment. An assessment will be conducted prior to the placement of a child in your home.

The purpose of the family foster home assessment is threefold: to educate you, to assess your character, suitability, and qualifications to open a foster home, or kinship foster family home and to see that you meet the "Standards For Approval of Family Foster Homes" (PUB-022).

Providing you with appropriate information is essential for you to make an informed decision to pursue operation of your home as a family foster home based on the realities of the foster care system.

Assessing the character, suitability, and qualifications of your family to operate a family foster home will be done in relation to the following areas:

- Your family's capability to provide for the needs of a child who is placed in your care;
- Your family's ability to accept and encourage the child's relationship with the birth/legal family and your ability to relate to the child in a helpful way; and,
- Your family's ability to work as part of a team with DCFS staff, other agencies, and community resources to reach the goals set forth in the case plan.

Note: "Minimum Licensing Standards for Child Welfare Agencies" (PUB-004) states: "No person may serve as a foster parent if any adult member of that person's household is a homosexual". "Homosexual" for purposes of this rule, shall mean any person who voluntarily and knowingly engages in or submits to any sexual contact involving the genitals of one person and the mouth or anus of another person of the same gender, and who has engaged in such activity

after the foster home is approved or at a point in time that is reasonably close in time to the filing of the application to be a foster parent.

Other standards include:

- Age - The minimum age is 21 years. The family foster home shall undergo a "second party review," if one or both applicants are age 65 or over or when the current foster parent reaches age 65.
- Health - All family members must pass a medical exam and have a doctor's recommendation at the time the home is initially approved. All members of the household older than twelve (12) years shall receive a Mantoux (TB) skin test for tuberculosis every three (3) years as long as the results remain negative. Household members with a positive skin test must provide documentation every two (2) years certifying that they are free from communicable tuberculosis.
- Physical Disabilities - Physical disabilities of any of your family members will be evaluated to determine the effect the disability has on your family's ability to provide adequate care to a child and how the disability may affect a child's adjustment to your family;
- Marriage and Divorces - Evidence of stable marriage of at least 3 years duration and stable family situation;
- Family composition - May not have over three foster children or no more than five children total including the foster family's own children;
- Parenting Ability;
- Employment - In homes where both parents or a single parent is employed outside the home, careful consideration must be given to the age and characteristics of children for whom the home wishes to provide care as well as to the family's plan for child care. Stable employment history is required of the primary wage earner in the family foster home. The family foster home shall not be licensed as a Day Care Family Home.
- Income - Evidence of stable income sufficient to meet the needs of your family is required for approval. The foster family shall provide documentation of sufficient financial resources to meet their needs. A copy of this documentation shall be placed in the foster parent's case record.
- Physical Standards - Physical conditions of your home will present no hazard to the safety or health of a child.
- Location, condition, and physical layout of your home will be considered;
- Telephones are required;
- Transportation - The family foster parents shall maintain a mode of transportation which complies with state motor vehicle laws and shall allow foster children to be transported only by a licensed driver and must have insurance.
- Cleanness of your home will be considered;
- References - A minimum of 3 references who are familiar with your child caring experiences and practices will be contacted regarding your character and ability to provide for children, and,

- Central Registry Check - A Child Maltreatment Central Registry Check will be conducted on the family foster parent(s) and each member of the household age ten (10) years or older. The Division will repeat the Central Registry Checks every two (2) years.
- Criminal Record Check - An Arkansas State Police Criminal Record Check will be conducted on the family foster parent(s) and all members of the household age fourteen (14) and older. The Division shall repeat the Criminal Record Checks every five (5) years.
- CPR and First Aid Training and Certification - The family foster parent(s) must complete CPR and First Aid training and receive certification in both areas prior to approval to become a foster parent.

If it is believed that a foster family or applicant possesses special abilities or circumstances which would make them a good foster home in spite of their inability to meet a standard the county office may request a second party review be conducted by the Area Manager or their designee for consideration of an exception of a standard in areas where such reviews are permitted.

TRAINING

DCFS recognizes the child's right to be placed in a home able to deal with the special problems and traumas of out-of-home care. Foster parenting is a specialized field different from parenting your own children and for which special training is essential. As foster parenting is far too complex to be covered in one course, DCFS will provide opportunities for training of prospective family foster parents and training related to the special needs of children in out-of-home placements. An individualized training plan will be developed taking into consideration the age and characteristics of children for whom the foster parent has expressed preferences.

Pre-Service Family Foster Parent Training

Training of prospective family foster parents and Kinship Foster Parents will be done by using group processes, but may be done on an individual basis when necessary. All family foster parents shall complete a minimum of 30 hours of pre-service training prior to accepting the first child. In addition to the required hours of pre-service training, the foster parent(s) must complete training in CPR and First Aid and receive certification in both areas prior to approval. No child shall be placed in the foster home until the foster parent(s) has obtained CPR and First Aid certification.

Continuing Education

The DCFS County Office will require your participation in local educational and training opportunities. Each family foster parent shall annually participate in a minimum of 15 hours of approved training. These may cover a wide range of topics related to parenting, child development, behavior problems, medical needs, etc., and may be offered by educational systems (college, university, local school system), Health Department, Community Mental Health Centers, and others. Special TV programs related to child abuse, parenting adolescents, etc. may also be considered training.

Videos or TV Programs are only accepted on a limited basis. No more than 5 hours of videos or TV programs will be accepted per year and must be approved by the Area Manager or their designee. However, to be considered as training these programs must be discussed with the Family Service Worker assigned to the family foster parents and receive prior approval before the program is viewed. Participation shall then be documented in the family foster home case record. The DCFS County Office will inform you of any training and educational opportunities known to them.

A state-wide foster parent training conference and area wide conferences are held yearly to give foster families and kinship foster families the opportunity to obtain the required hours. Both in-state and out-of-state conferences may be considered training. Funds may be available to defray expenses for these educational opportunities. Prior approval is required for reimbursement. Contact your Family Service Worker.

Your DCFS County Office will maintain your training record; both DCFS and Non-DCFS sponsored. You are responsible for reporting to your Family Service Worker your participation in Non-DCFS sponsored training.

Both travel and baby-sitting expenses incurred by you when you attend local and DCFS sponsored training are reimbursable. Your Family Service Worker must be contacted prior to the training for approval of such expenses.

REEVALUATIONS OF FAMILY FOSTER HOMES

The Family Service Worker will monitor the foster family home at least quarterly for continued compliance with the standards for approval of foster homes and complete the Checklist for Compliance (CFS-475). The Recruiter Trainer or Family Service Worker shall formally review each foster home and complete the Checklist for Compliance Section F. Ongoing Monitoring (CFS-475) and the Family Foster Parent Reevaluation (CFS-451). The review will be filed in the family foster home record. Family foster homes must be reevaluated annually; i.e., no later than the anniversary month of the family foster home's approval, to assure that they continue to meet all standards and policy requirements. Any family foster home that does not continue to meet standards will be closed.

This reevaluation is necessary to ensure that changes in your family, either physical changes or changes in attitudes, do not adversely affect children placed in your home. After having actually experienced foster children in your home, you may have very different feelings about family foster parenting and your abilities to work with different types of children. You will be given the opportunity to express the changes in your feelings since you were approved or were last evaluated. Also, your Family Service Worker may assess your abilities as shown by your past experiences with foster children. This information will be recorded in your record to be used by any Family Service Worker placing or supervising a child in your home.

The Family Foster Parent Reevaluation (CFS-451) will be mailed or given to you to be completed prior to the home visit by the recruiter/trainer or your Family Service Worker. (The recruiter/trainer or Family Service Worker will make an appointment with you to conduct your reevaluation when they have been notified that you have completed the TB (Mantoux) skin tests for all family members.) During the visit, the recruiter/trainer or your Family Service Worker will interview your family and view your current TB (Mantoux) skin test report. The Foster Parent Reevaluation (CFS-451) will be filed in your record, and a narrative entry will be made in your record which reflects your Family Service Worker's assessment of the following items:

- Continued compliance with Family Foster Home Standards;
- The foster parent maintained current certification in both CPR and First Aid;
- How your family has met the needs of the children placed; including physical, emotional, educational and recreational needs;
- Identification of persons in your home at the time of the reevaluation;
- Your attitudes toward birth/legal parents;
- Impressions and Evaluation;
- Objective evaluation of present and future capacity of you as a family foster home;
- Strong points of your family foster home;
- Weak points of your family foster home;
- How your family has met the needs of the children placed in your home;

- Health and Financial Status;
- Recommendation;
- Age, sex, and special characteristics of children who should be placed in your home;
- Problems which can and cannot be handled; and
- Recommended length of placement desirable.

You will be notified of the disposition of your reevaluation in writing within 10 days. When you are re-approved, you will receive a Family Foster Home Approval Certificate (CFS-481).

A reevaluation of a family foster home shall be conducted whenever there is a major change in the lives of family foster parents including, but not limited to:

- A death or serious illness among the members of the foster family;
- Separation or divorce;
- Loss of or change in employment;
- Change in residence;
- Suspected abuse or neglect of any child;
- Addition of family members (birth, adoption, elderly relatives moving in, etc.)

SUPPORT TO FOSTER FAMILIES AND KINSHIP FAMILY FOSTER HOMES

As an integral part of DCFS delivery system, you can expect support from DCFS in the form of training, in-home contacts, case consultation, board payments, special services to children in your care, and recognition and acknowledgment of your efforts.

In order to prevent the disruption of a child's placement in a foster home and to assist the foster parent in providing proper care to a child, DCFS shall establish, either directly or through contract, placement support services to assure stable placements for children in DCFS custody. Support services shall include the following:

Your Family Service Worker

Your Family Service Worker will visit frequently in your home. When the Family Service Worker visits your home, the main objective is to discuss the case plan (CFS-6010), any changes in the plan, or specific problems within the placement. You are not expected to have answers to all problems, nor is the Family Service Worker. You have the child-raising experience; the Family Service Worker has the objective knowledge about foster children. Together, solutions are found. The Family Service Worker is not expecting to be a formal guest in your home. Nor should the Family Service Worker be a casual acquaintance or a "best friend". The relationship is most positive when it is pleasantly professional. Problems with the Family Service Worker's visiting occur when family foster parents, and/or foster child, do not know the purpose of the visit. Problems also arise when the Family Service Worker is seen as a negative authority person. For example, threatening the child with "if you're not good I'll call the worker", or perceiving the Family Service Worker as someone who will solve all the problems, i.e., "We'll call the worker; she'll take care of everything," is not productive; this does not support the team approach and it undermines the foster family's authority. You and the Family Service Worker are partners working together and, this partnership works best when each of you present the other to the child as a positive influence in that child's life, each one bringing his or her contribution to the effort taking place on behalf of the child.

Visits To Family Foster Home

There will be at least weekly visits in your home during the first month of placement. In most instances visits will be scheduled with you. Afterwards, periodic visitation in your home will be provided by the Family Service Worker, except if the child is under seven years old, then at least one visit will occur monthly. Additional visits may be made to the home if there are problems.

The visits will be used to relay necessary information to the child and to voice your feelings about the placement and subsequent adjustment jointly, as well as, privately, and to ascertain if the needs of that particular child are being met. Each visit will include a private conversation with the child away from the foster parent. Another purpose of home visits is to monitor continued compliance with family foster home standards.

Availability of DCFS Family Service Workers to Foster Families

For foster parenting to be a successful experience, you must have access to your Family Service Worker. If your Family Service Worker is absent from the office when you telephone, your calls will be returned promptly. If a visit is necessary, this will be scheduled.

You will be furnished telephone numbers of Family Service Workers who may be contacted after hours (See section on DCFS County Office contact persons in the back of this Handbook). It is expected that you will first attempt to contact the Family Service Worker for the particular child in your home. After hours contact should be used for emergencies only. You will be provided with information which you may need for the child in your home in an emergency situation, such as the child's Medicaid card and Medical Passport. At the time of placement you will be provided with as much information as is known about the child, such as; expected length of stay, siblings, information regarding illnesses, chronic health problems, medication, habits, etc.

Crisis and After Hours Response

When you receive a child, you will also receive the home phone number of the assigned Family Service Worker.

You will have access to a Family Service Worker in your county twenty-four hours a day, seven days a week. You will be provided with a list of after hours numbers (on-call pager numbers) where the local on-call Family Service Worker can be reached. If the after hours call requires a direct contact with the child's Family Service Worker, the on-call worker will provide the assigned Family Service Worker's home phone number to you or will contact the assigned worker and have that worker contact you.

Foster Parent Liaison

Each DCFS service area has an assigned Foster Parent Liaison who serves as an advocate for the foster parent.

Some of the liaison's duties include:

- Visits to the foster home;
- Checking for licensing compliance;
- Providing training information;
- Providing information regarding available resources; and
- Any other duties identified by the Area Manager that will promote the success of the foster home.

The Foster Parent Liaison will work with the foster parents to improve the overall working relations between DCFS and the Foster Parent Association.

Day Care for Foster Children

Generally pre-school age foster children should not be placed in a foster home where both foster parents or a single foster parent are employed outside the home. Day care may be authorized for a child in foster care if day care is

determined to be appropriate as part of the case plan (CFS-6010) or if court-ordered. Appropriate reasons include: 1) illness or other emergency in the foster home, 2) socialization and/or therapeutic benefits for the child, or 3) to ensure the child may be placed in a foster home in his/her county or close proximity. In the case of illness or other emergency in the foster home, the possibility and impact of another foster home placement upon the child should be weighed along with anticipated length of the existing problem in the home. When seeking day care for socialization/therapeutic purposes, the opinion of a physician shall be obtained to support the basis for the day care. The service may be authorized for up to three (3) months at a time. Day care can only be provided by DCFS when resources are available. The foster parent must use a Day Care Provider who is on the voucher system. Ask the Family Service Worker about day care approval prior to selecting a day care provider or using day care. If day care services are sought for foster children, the day care facility/home must be licensed by the Division of Childcare and Early Childhood Education or on the Voluntary Day Care Registry.

Counseling

Where there is a need for counseling services for the family foster home to prevent disruption and to promote stabilization, counseling shall be provided. Requests for counseling are made to your Family Service Worker.

Respite Care

Respite care is available to foster parents in areas where a contract for respite care is in place. In areas where a contract is **not** in place, foster parents may provide respite care for each other. If the foster parent elects to use another foster parent for respite, the board payment will be keyed to the foster parent who is providing the respite care. If the service is provided by a contractor, the board payment of the foster family will not be effected.

To use this service, contact your Family Service Worker. The Area Manager or their designee must approve all requests.

Transportation

Transportation costs such as attending staffings, court, visits with parents, siblings, and all medical appointments will be reimbursed, (other extraordinary costs may be approved on a case by case basis).

Transportation costs are reimbursed to foster parents at a rate of \$.29 per mile. The family foster parent completes a travel reimbursement form (TR-1) and submits it to the County Supervisor for approval and processing. Foster families should have their own transportation available to transport the child to appointments/activities. Area Managers may grant a waiver in situations where kinship families have been recruited specifically for a child.

The foster family will complete a TR-1 for regular travel and a separate TR-1 for Medicaid travel, e.g., when a child is taken to receive services from a medical provider. When the foster parent needs assistance with transportation, the foster parent should contact the Family Service Worker as soon as possible. The Family Service Worker, a Social Service Aide, or a volunteer transporter may be assigned to assist with travel.

Community Resources

The DHS County Office will inform you of available resources in your community as well as resources in other areas which may be relevant to a particular child. This information will be updated as new services become available.

It will be the responsibility of DCFS to pursue any resource needed for a child mutually agreed upon. Your assistance may be enlisted for this purpose.

Family Foster Parent Associations

The formation of active and independent family foster parent associations is encouraged.

DCFS will provide support by the appointment of a DHS County Office liaison to the association. The DCFS representatives will also be available when called upon to provide information about the Foster Care Program and allow you to voice any concerns you may have with the policies of DCFS.

Income Tax Information

Board payments paid to you are not considered taxable income by the Internal Revenue Service.

Current tax laws may allow special treatment for foster parents. Because IRS laws are complex and subject to change from year to year, for specific tax advice foster parents should refer to Publication 17, "Your Federal Income Tax" or consult with an accountant or tax specialist.

GRIEVANCE PROCEDURE

You have the right to appeal decisions affecting you and the operation of your home. Most problems can be solved at the local level if you and your Family Service Worker keep each other informed about matters of interest and importance pertaining to the child. It is most important for foster parents and Family Service Workers to discuss and work out issues and problems as they occur. If two way communication is maintained, it will facilitate problem solving.

All complaints may not be grievable and while the DCFS County Office will make every effort to reconcile every disagreement, some situations may not be reconcilable. Such situations result in decisions made by the DCFS County Office based on current policy and procedure, for example closing the foster home due to the advancing age of the foster parents.

Examples of issues that you may want to take through the Grievance Procedure are:

- Removal of a child from the foster home without appropriate cause and/or without appropriate notice.
- Visits without preparation and/or notice.
- Failure by DCFS to share appropriate information.
- Failure by DCFS to provide necessary support; i.e., failure to return phone calls or habitually being unavailable when needed. This area includes such things as failure to help with initial clothing or problems with the child, medical/Medicaid coverage and/or providers.
- Failure by the DCFS to keep the terms of the initial written agreement with the foster home; i.e., CFS-462 (Initial Foster Home Agreement) and the CFS-462A (Foster Home Agreement Addendum).

Prior to filing a grievance, you should request an informal discussion of the problem with your Family Service Worker and the immediate supervisor. If the problem is not resolved at this point and the issue is a grievable one then you may file a grievance according to the procedures listed below. Any time frame specified within the grievance procedures may be modified by mutual consent and notification to all involved parties.

If after you have discussed your grievance with your Family Service Worker and the supervisor and if you believe that DCFS has failed to uphold its policies and philosophies, then, you must state your grievance in writing and submit it to the DCFS County Office Supervisor in the county where you live thirty (30) days from the date the grievable action occurred. The DCFS County Office Supervisor will schedule a meeting with you within ten (10) working days of the receipt of your written grievance and attempt to resolve the problem.

If you are not satisfied with the results of this meeting, a copy of the grievance and written reports of the previous two (2) meetings will be forwarded to the Foster Care Unit, Central Office. A Grievance Committee hearing will be scheduled within ten (10) working days. The hearing will be held in the county where you live.

The Grievance Committee will be composed of three persons: A representative selected by the DCFS County Office, a representative selected by you, and a representative selected by DHS Central Office. You may also select an individual (such as an attorney, friend, or relative) to present your case. The Grievance Committee member selected by the DCFS County Office will not be from the county where you live or any individual who is within the direct chain of authority for the resident county. During the hearing, all parties will be given an opportunity to present their side of the problem.

The Grievance Committee will submit their findings and recommendation(s) within twenty (20) working days from the date of the Grievance Hearing to the Assistant Director of Community Services.

You and the DCFS County Office will be notified, in writing, by the appropriate decision-making personnel of the decision within ten (10) working days from the date the Grievance Committee's findings and recommendation(s) are submitted.

If corrective action is required by the DCFS County Office, the corrective action will begin no later than ten (10) working days after the DCFS County Office and you are notified of the decision. A written report of completed action will be submitted to Central Office no later than thirty (30) days after corrective action has commenced. If corrective action has not been finalized within the 30 day time frame, an interim report will be submitted by the DCFS County Office every 30 days until completed.

If corrective action is required by you, you must indicate the steps necessary to correct the deficiency within ten (10) days after notification from the appropriate decision-making personnel. This corrective action plan must receive the approval of the DCFS County Office Supervisor. You will notify your local DCFS County Office and DHS Central Office within sixty (60) days of the original findings being received, that all corrective steps have been accomplished. In the absence of said notification from you, it will be presumed that you have elected not to comply with the findings of the appropriate decision-making personnel.

The decision of the appropriate decision-making personnel will be considered final, and no other appeal procedure within DHS is appropriate.

REPORTS OF CHILD MALTREATMENT INVOLVING MEMBERS OF FOSTER FAMILY HOMES

Arkansas Code Annotated Sect.12-12-507(e), requires that, "When a person, agency, corporation or partnership then providing substitute care for any child in the custody of the department, or employee or employee's spouse or other person residing in the same home is reported as being suspected pursuant to procedures established by the department. Such procedures shall include referral of allegations to the Arkansas State Police Crimes Against Children Division (CACD) or appropriate law enforcement agency should the allegation involve severe maltreatment.

When an allegation of suspected child maltreatment involving a member of a foster family is received, the Area Manager or Assistant Director of Community Services will be notified. A Crimes Against Children Division (CACD) Investigator will be

assigned. Once assigned, the investigator will immediately notify the appropriate law enforcement agency of the report and its contents. If appropriate, the Prosecuting Attorney will be notified. The investigator will request that law enforcement specify if law enforcement will:

- Conduct the investigation; or
- Jointly conduct the investigation with the assistance of the investigator; or
- Supervise the investigator's conduct of the investigation.

Once the decision is made as to who will conduct the investigation, the investigation will be initiated.

In cases involving alleged child maltreatment of foster children, DHS Central Office will determine whether or not the allegations warrant immediate inspection/interview of the child(ren). If such action is deemed necessary, the investigator will request immediate law enforcement/DCFS County Office assistance in ensuring the safety of the involved child(ren). The victim children will be interviewed outside the presence of the alleged offender. All children residing in the home will be interviewed, including the foster parents' biological children. There will be interviews conducted with the alleged offender and any other witnesses. During the course of the assessment the home will be physically inspected. The information obtained during the inspection/interview will determine whether or not the involved child(ren) and/or other foster children in the home will be removed pending final outcome of the investigation. The Area Manager may elect to remove any children in the home during the maltreatment assessment.

Case records (paper copies) of all cases where the allegations are determined to be unsubstantiated will be destroyed at the end of the month in which the determination was made. DHS is permitted to keep information on unsubstantiated reports to assist in future risk and safety assessment but this information shall not be subject to disclosure except as permitted in Sect.12-12-512(a) (1).

If the investigative determination is that allegations of child maltreatment are true, one of two actions will be taken. The family foster home may be closed immediately. In all cases found to be true involving sexual abuse, serious physical abuse, and conduct warranting felony criminal charges being filed the family foster home will be closed. In some cases, it may be found that the foster family can correct problems which resulted in the child maltreatment. In these cases, a corrective action plan would be established with the foster family. If it is found that corrective action is not possible, the foster home will be closed.

COMPLAINTS AGAINST FOSTER FAMILY OTHER THAN CHILD MALTREATMENT

Any complaint against you will immediately be brought to the attention of your DCFS County Office Supervisor.

After the investigation has determined the validity of the complaint. An agreement will be made between you and your Family Service Worker for corrective action and a time frame for resolution of the problem identified. You will be advised, in writing, of the complaint, the outcome of the investigation, any corrective action needed to be made, and any other action that will be taken.

DCFS will offer any assistance available to correct the problem. If, after working with you, the problem still exists, another meeting will be held with you to discuss closing your home.

Any complaint, regardless of nature, must be recorded in detail in your record.

The report will include the following information:

1. Date and nature of complaint;
2. Source of complaint;

3. Reaction of your family;
4. Services offered to your family;
5. Conclusion of investigation; and
6. Corrective action.

CLOSING A FAMILY FOSTER HOME

Division's Decision

If it is deemed necessary by the DCFS County Office to close your foster home, a written summary will be prepared documenting past and present reasons for closure as well as all efforts by the DCFS County Office to eliminate the problem. The final assessment and determination of closure will be made by the Family Service Worker and the immediate supervisor with assistance from the Area Program Specialist, Area Manager and DHS Central Office staff, if appropriate. The closure process will include a mandatory face-to-face conference with you at which time reasons for the closure will be explained. The DCFS County Office will provide you with written notification of the closure which will include the reasons for the closure and your right to appeal the decision by filing a grievance.

By Request of Foster Family

If the foster family requests that their home be closed as a foster home, the Family Service Worker will discuss the reasons for closure with the foster parents. The request for closure by the foster parents will be confirmed in writing by the Family Service Worker and sent to the foster parents.

FOSTER CARE PLACEMENTS

LEGAL FACTORS PERTAINING TO FOSTER CARE

All children entering foster care do so under authorization by the court.

Legal custody constitutes authorization by the court for DCFS to assume physical control of a child. A child will never be placed in foster care without legal custody. We have legal custody when we use a 72-hour hold; the law gives us custody at that time.

Termination of parental rights with the power to consent to adoption is primarily granted in cases where the child cannot return home. Adoption may occur without further notice to the birth/legal parents.

SELECTION OF A FOSTER CARE HOME

Based on information from the family assessment the Family Service Worker will select the foster care home that best meets the child's needs.

The law requires that a child be placed in the least restrictive, most family like environment possible. A child will also be placed as close to his birth/legal parents as possible. Placement should be in the same county, unless the child needs special services not available in that county. Factors taken into consideration in selecting a foster care home include the child's age, sex, religion, disabilities, interests, problems, existence as part of a sibling group, case plan, proximity to family (within a fifty mile radius), maintaining enrollment in the child's school, developmental needs of the child and, training and skills of foster parents. Consideration will be given to the foster home's preferences of children approved for their home. There will be no violation of the limitations of these preferences.

THE FAMILY FOSTER HOME AND KINSHIP FOSTER HOMES

Family foster care and Kinship Foster Homes offer a less restrictive environment than other types of out-of-home placement and are particularly adapted to meet the developmental needs of a child.

A foster home is suitable for any child who can accept family life, attend community schools, and live in the community without danger to himself or others. This includes children with special needs.

PREPARING THE FAMILY FOSTER PARENTS FOR PLACEMENT OF A CHILD

The Family Service Worker will realistically describe the foster child to you when asking you to accept a child. However, in emergency situations, all information may not be known.

The following will be included in the child's description:

- Age;
- Probable length of placement;
- Education and school information;
- Health of child, special health needs;
- Handicaps, special equipment, facilities, or help needed;
- Behavior, both positive and negative, that can be expected;
- Siblings and where located;
- Major reason the child is in foster care;
- A general indication of the case plan including the plan for visitation of both parents and any siblings; and,
- Interests.

This information is confidential.

The Family Service Worker will arrange pre-placement visits between the child and your family. Several visits are preferred, but a minimum of one pre-placement visit is required except in emergencies.

The Family Service Worker will know or at least meet you before he takes a child for pre-placement or placement visits in your home.

The Family Service Worker will discuss with you:

- General requirements; for example, that foster parents may not care for more than 3 foster children and a total of five children in the home, including their own.
- Where the child will be in school, how the child will get to school, arrangement for the transfer of school records, who will have a conference with the teacher or principal;
- Activities, toys, etc. the child likes, fears the child may have;
- Financial arrangements;
- Your feelings of the impending placement;
- Your perception of the child; and
- Maintaining the child's records.

Foster parent(s) shall maintain records in accordance with DCFS' procedures and forms for the children placed with the family. The records shall include:

A. Health Records:

- Name, address, and telephone number of a person to contact in case of emergency and those persons authorized to give medical consent;

- A record of the child's medical and dental appointments, illnesses and health problems, prescribed medications, shot record and hospitalizations (Medical Passport).

B. Progress Records:

- The dates of arrival and departure of the child in the foster home;
- Progress notes on those areas of the child's case plan (CFS-6010) as indicated in the written agreement in which foster parents are involved;
- Journal of the child regarding significant events;
- School reports;
- Significant photographs of the child taken periodically; and
- A record of the child's memberships, and participation in extracurricular activities.

The Family Service Worker helps you to understand the child is going through a series of changes; i.e., separation from the birth/legal parents; anxiety from having to cope with DCFS personnel, a new family, and new surroundings; suggests ways you can help the child through these changes; stresses to you that there will be good times and bad times during the placement, and that the bad times are no reflection on your parenting ability. The need to avoid the potential harm to a child due to several moves is important. The Family Service Worker will assist you and your family through difficulties which occur in order to help assure continuity for children who are placed in your home.

FINANCES

BOARD PAYMENT

DCFS makes a monthly board payment to foster parents. This monthly board payment includes payment for room and board, clothing, school and personal supplies, and a small allowance for the child. The amount listed below is included in the monthly board payment and must be used for the child. The money may be spent monthly or can be saved and used to purchase more expensive items at a later time. All medical and dental services, including hospitalization, will be paid by Medicaid funds and /or state funds. The board payment is received between the 6th and 10th of each month. Board payments will be paid through the 26th day of each month.

After the initial purchase of clothing for a child is made, you are expected to provide clothes from the regular board payment. Other services or supplies needed by the child must be authorized and approved as per DCFS policy. (See section on Additional Expenses.)

Clothing and Personal Allowances:

1. Foster parents shall provide, with the assistance of DHS, each child with their own clean, well fitting, attractive, seasonal clothing appropriate to age, sex, individual needs, and comparable to the community standards.
2. Foster parents shall include the child in the choosing of their own clothing whenever possible and age appropriate.
3. Foster parents shall allow the child to bring and acquire personal belongings.
4. Clothing and personal needs money paid monthly to foster parents is based on the age of the child. The foster parents are to spend that amount of money for the child. Money may be spent monthly or can be saved and used for a larger purchase at a later time.
5. Foster parents shall send all personal clothing and belongings with the child when the child leaves the foster home.

Listed below are the clothing and personal allowances money broken out by age of the children:

Birth through 5 years

Clothing_____	40.00
Personal Needs_____	15.00
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TOTAL	55.00

6 through 11 years

Clothing_____	45.00
School and Personal Needs____	25.00
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TOTAL	70.00

12 Through 14 years

Clothing_____	55.00
School and Personal Needs____	30.00
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TOTAL	85.00

15 years and older

Clothing_____65.00
School and Personal Needs_ 35.00

TOTAL 100.00

Board rates are established as part of policy, and any exception must receive prior approval(See section on Special Board Rates Below).

If a child is absent from your home for hospitalization or a trial placement for 10 days or less and is to return to your home, no change of status is necessary. The child's Family Service Worker must always be advised of this absence from your home.

If a child is in your home for part of a month, a partial board payment will be made to you based on the number of days the child was in your home. Board payment is calculated on 30 days and the agency pays according to the number of nights a child was in your home. Payment for stays less than twenty-four (24) hours will be based upon a daily rate determined by the Division.

FOSTER CHILD'S PERSONAL ALLOWANCE

From the board payment, you will give an allowance to the child. The amount will be based on the age of the child. See the breakout listing on the previous page in regard to the amount paid.

SPECIAL BOARD RATES

There are occasions when the regular board rate is inadequate when caring for a special needs child.

The needs can be identified, and your Family Service Worker can request authorization for a special board rate. When a child receives SSI, the majority of the check is given to the foster parent with the remainder going into a savings account for the child.

OVERPAYMENTS TO FAMILY FOSTER PARENTS

If you should receive board payment checks in error, the money should be returned. Contact your Family Service Worker immediately for instructions on how to return the check. You should never transfer money from one home to another or spend the check for another child that has been placed in your home. The foster parent receives a billing form each month with the check they receive. The billing form lists each child that was in the home for that month. It lists the case number, number of days the child was there, and the amount of money paid for each child. If you receive money to which you are not entitled it should be returned to finance immediately. (Consult your Family Service Worker for instructions. Board payments are made to the foster parent for the actual nights the child spent in that home.)

REDUCED BOARD RATES

Children's board rates sometimes need to be reduced rather than increased. This applies to those children who are residents of a state institution; i.e., School for the Deaf or Blind/ Rehabilitation Training Facility, Human Development Center or who are attending college and for whom the case plan includes visits in the family foster home on weekends, holidays, or summer vacation. Board payments will only be made for a child visiting in a foster home for the actual time the child is there.

FOSTER CARE PAYMENT AND ELIGIBILITY FOR ASSISTANCE AND FOOD STAMPS

Board payments, made by DCFS for the care of children in homes of Public Assistance recipients, are not considered as a resource in determining eligibility for assistance or the amount of the grant. This payment is designated for certain purposes and is not available to the foster parents.

In determining purchase requirements for Food Stamps, it is necessary to consider the board payment. You may request more specific information about Public Assistance and Food Stamps from your DHS County Office.

SCHOOL LUNCHES

Foster children are eligible for free meals in all schools which participate in the National School Lunch/Breakfast Programs and in the Commodity-only schools.

WIC PROGRAMS

WIC stands for Women, Infants and Children Food Program. The program provides nutritious foods for pregnant and nursing women and infants and children up to age 5 years. Eligibility is determined by a medical assessment of nutrition risks; i.e., iron poor blood, improper growth, etc. Foster children may be eligible for WIC. WIC is administered by the Health Department.

INITIAL CLOTHING ORDER

When a child is first placed in foster care, an initial clothing order may be issued. Your Family Service Worker will assess with you which clothing items are needed and issue the authorized amount of clothing allowance. Purchases will be made using the DHS-1914 process. The Family Service Worker will accompany the foster parent to the store to approve the purchase.

REPLACEMENT OF CLOTHING

A monthly allowance for clothing is included in the board payment to take care of replacements. During the months when there are no replacements, you must save the clothing allowance for the months when more than usual amounts of clothing are needed.

With the approval of the DCFS County Office Supervisor and Area Manager, it is permissible to issue another clothing order. This should happen only in an exceptional circumstance. You should contact your Family Service Worker in the event that this need should arise.

PAYMENT FOR MEDICAL SERVICES

Medicaid is the primary source of medical payment for foster children.

If you do not receive a Medicaid card for a child in your home, you should contact your Family Service Worker. (You should get a card within a week for a new child and by the third of the month thereafter.) When there are no Medicaid providers available in cases of emergency, the Family Services Worker (with the approval of the DCFS County Supervisor) will authorize and bill medical services via the DHS-1914 or a contract. In the event medical services are denied by Medicaid, the child's medical needs will be met with Foster Care funds. A child shall not be denied medical services because the child is not Medicaid eligible.

ADDITIONAL EXPENSES

In addition to the items already listed, the following items are allowable with the approval of the DCFS County Office Supervisor:

- Required School Materials and School Fees, including athletic wear.

Foster parents must have prior approval for such purchases.

- Graduation Expenses

High school graduation expenses will be authorized for the following items:

Ring	Required minimum fee
Cap/Gown rental	Required minimum fee
Diploma	Required minimum fee
Annual	Required minimum fee
Pictures and announcements	A combination total is authorized for these two items;

- Holiday Allowance

Children will be provided additional funds so they may participate in Holiday giving. The amount will be based on the age of the child. Consult your Family Service Worker with regard to the amount provided. The money is included in your November check and is to be used by the child.

- Emergency medical services and drugs not purchasable by Medicaid.
- Non-Medical transportation provided by you or public carriers when directly related to the case plan for the child. (See Transportation section.)
- Day Care or Baby-sitting fees.

Day care or baby-sitting fees when you are required to attend training or for your own child(ren) when transporting a child to services are also reimbursable. This does not include day care for your employment.

Any other expenses must receive prior approval from the Area Manager. This can be requested by your Family Service Worker.

INCIDENTAL EXPENSES

An Incidental Expense Fund is established for the purpose of normalizing a child's life experience while in care. For example, camp fees, music lessons, field trips and other items not specifically covered by other means can be met by this fund. Items covered by the board payment are not eligible. In addition, these funds shall not be used for Holiday gifts. The Family Service Worker will assist the family foster parent to access these funds when the money is needed for a situation that meets the policy guidelines.

MEDICAL SERVICES

MEDICAL PASSPORT

In order to comply with health care standards in the interest of good clinical practice and effective service to children in foster care, an abbreviated health record ("Medical Passport") shall be completed for each child. The Medical Passport will include initial health screening, timely comprehensive health assessments and a descriptive health plan for each child.

The Family Service Worker or Health Service Unit shall request medical records on the child for the time prior to entry in foster care. The medical history

information gathered shall be given to the physician who will do the comprehensive health assessment. The medical history is be used to supplement and correct the child's Medical Passport. Requests for medical records are documented on the Requested Medical Records Log (CFS-353).

The Medical Passport forms are to be completed during initial placement into foster care. The Family Service Worker shall complete forms Medi-Alert (CFS-362), Placement Plan - Placement Provider Information (CFS-6007). The Family Service Worker and the family parent are to complete Receipt for Medical Passport (CFS-365* optional) together. The CFS-352 is used for Initial Dental Exam , Medical, Vision, Hearing, & Psychological Episodic. The CFS-366 is used for the Initial Physical.

After each health care visit, the Family Service Worker, Health Service Unit, or Health Care Specialist shall collect records of the child's health care, keep the child's Medical Passport up to date, and shall provide the revised Passport to the child's foster parent.

INITIAL HEALTH SCREENING

A child who enters the custody of DHS shall receive an initial health screening:

- * not more than twenty-four hours after removal from home, if reason for removal is an allegation of severe maltreatment or there is evidence of acute illness or injury.

- * not more than seventy-two hours after removal from the home for all other children.

The foster parent should accompany the child to the initial screening, and to any appointments for on-going health or mental health services. If this is not possible, the foster parent shall be available by telephone to the person conducting the screening. The Family Service Worker or Health Service Unit shall inform the foster parent of the results of the screening, and any instructions for the child's care and treatment, and shall give the foster parent the name of the person who performed the screening, and the names of the child's prior health care providers, if known.

The initial health screening should include a head-to-toe physical. If possible the physical should be conducted by the child's Primary Care Physician (PCP). Within the first thirty days the following tests will be conducted:

- a complete blood count;
- a check for anemia and infection;
- abnormalities in the urine (urinalysis);
- HIV, sickle cell and other communicable diseases, shall be considered for children in high risk groups.
- Immunizations, tuberculin skin test (TB), and lead poisoning levels are usually completed at the local County Health Office.

Upon completion of the initial health screening, the Family Service Worker or Health Service Unit shall complete the Medi-Alert (CFS-362) form of the Medical Passport and give a copy to the child's foster parent.

All health screening requirements conform to the Child Welfare League of America's 1988 Standards for Health Care Services for Children in Out-of-Home Care as mandated by the Arkansas Child Welfare Reform Document, Attachment "A", dated February 24, 1992.

Assessing Health Needs

If the initial health screening indicates that treatment or further evaluation is needed within thirty days, the Family Service Worker or Health Service Unit shall ensure that the need is promptly met.

The foster parent should accompany the child to receive treatment, and shall consult with the health care provider about the child's health care needs. DCFS shall provide assistance with transportation, child care for other children in the foster home, and other necessary support to enable the foster parent to accompany the child to this and any subsequent health care visits. This assistance may either be provided through the use of DCFS staff, including paid or volunteer aides, or through agreements to reimburse the foster parent for such supportive services.

If the foster parent cannot accompany the child, the Family Service Worker or Health Service Unit shall accompany the child, and convey the health care provider's diagnosis and instruction to the foster parent. The Medical Passport shall be revised and this revision provided to the foster parent.

Comprehensive Health Assessment

A comprehensive health assessment should be completed within sixty days of placement.

The Comprehensive Health Assessment should be completed by a Multidisciplinary Team (MDT). The MDT should address and attempt to integrate the medical examination, a vision and hearing screening, speech and language assessment, and emotional, developmental, educational, social, and cultural aspects of the child's well being. Medications should be provided as necessary.

Within the first 60 days a dental examination should be completed for signs of infection; gross abnormalities; malocclusion, painful areas; inflammation of the gums; plaque deposits, decayed or missing teeth, and an assessment of the continuing dental hygiene practices for the child. All follow-up dental work that is recommended by the provider shall be completed in thirty days.

Birth/legal parents or relevant members of the extended family should be encouraged, where appropriate, to participate in the Comprehensive Health Assessment.

The Comprehensive Health Assessment should produce a written summary of the medical, mental health, educational, dental and social status and needs of the child. The Multidisciplinary Team shall complete the Child's Health Services Plan at the Comprehensive Assessment. The Family Service Worker or Health Service Unit shall provide copies of the health plan and updates to the child's birth/legal parents, foster parent, and the child if age ten or older within seven days.

Continuing Health Services

After the initial physical, dental, visual, and hearing examinations are completed during the Comprehensive Health Assessment, all subsequent examinations shall be accomplished as part of the ongoing Early Periodic Screening Diagnosis Treatment (EPSDT) screening program, based on the respective periodicity schedules. The medical provider will complete CFS-352 at each examination. A physical examination control schedule shall be maintained so that examinations are conducted according to the Health Department's EPSDT periodicity schedule. The Family Service Worker or Health Service Unit shall update the CFS-362, CFS-6007, CFS-368 as necessary, after each physical examination.

The initial screening can be received at any age. The Family Service Worker shall schedule all subsequent screenings according to the following periodicity schedules:

MEDICAL PERIODICITY SCHEDULE (02-08/95)

* 2-6 WKS., 8-10 WKS, 4 MOS., 6 MOS., 9 MOS., 12 MOS., 15 MOS., 18 mos., 24 mos., 3 yrs. 4yrs., 5yrs., 6 yrs., 8yrs., 10 yrs., 12 yrs., 14 yrs., 16 yrs., 18 yrs., and 20 yrs.,

* prior to placement for adoption.

DENTAL PERIODICITY SCHEDULE (02-08/95)

<u>Age</u>	<u>Periodicity Schedule</u>
6 Mo. to 1	one exam
1 to 21, an appointment will be scheduled every six months and the exam is to be completed within 30 days of the date scheduled.	

HEARING PERIODICITY SCHEDULE

Same as medical schedule until age 5, then one screen at age 12 and age 18 (gross until age three, after age three, audiometer.

VISION PERIODICITY SCHEDULE

Same as medical schedule until age 8, then at age 12, 14, 18 and 20(gross until age 3, vision test after age 3).

If a child needs a screening outside the periodicity schedule, the Family Service Worker may issue an EMS-694 marked, "Foster Child - Unscheduled EPSDT Screening authorized by the Division of Children and Family Services", 30 days before the appointment.

Mandatory Immunizations

State law requires that certain immunizations are obtained before a child enters school. Foster parents should assist in maintaining current immunizations.

RECOMMENDED IMMUNIZATION TIMETABLE

Recommended Age	Vaccine(s)
Birth	Hepatitis B (option 1) Primary 1
1 mos.	Hepatitis B (option 1) Primary 2
2 mos.	DTP (primary 1)/OPV(primary 1)/Hib (HBOC)(PRP-T)-(PRP-OMP) Primary 1/
4 mos.	Hepatitis B (option 2) primary 1 DTP (primary 2)/OPV Primary 2/ Hib(HBOC) (PRP-T)(PRP-OMP) primary 2/Hepatitis B (Option 2)primary 2
6 mos.	DTP (Primary 3)/OPV (last Primary) Hib(HBOC) PRP-T)primary 3/Hepatitis B(Option 1 and 2)Last Primary*
12 mos.	Hib (PRP-OMP) Last Primary/Hepatitis B(Option 1 and 2) Last Primary*
15 mos.	DTP(Last Primary)/MMR(Primary)/Hib(HBOC (PRP-T)/Last Primary/Hepatitis B(Option 1 and 2) Last Primary*
4 to 6 yrs.	DTP (Preschool)/OPV (Preschool)
Before 7th. grade entry	MMR (Reinforcing)**
Every 10 yrs.	Td (Tetanus Booster)

* This dose is given any time between age six and 18 months, whenever a dose of any other vaccine is due.

** The reinforcing dose of MMR can be administered at either 4-6 years or at 10-14 years.

The immunization schedule shown above should serve as a guideline only; acceptable alternate schedules do exist, and consultation may be required in some cases.

Hospitalization

- When a foster child is hospitalized, the Family Service Worker working with the child must provide the hospital with the child's Medicaid number, if applicable, vital statistics, previous medical history, and other identifying information as indicated.
- The Family Service Worker signs both the admission forms and the required consent for surgery if indicated. A second opinion by a medical specialist will be obtained before major surgery whenever possible.
- The Family Service Worker completing admission forms must leave with the hospital the name and telephone number of the Worker to be contacted regarding the child.
- Foster parents shall not sign a foster child into the hospital or sign other medical or surgical consent. Physicians and hospitals may determine that an emergency exists and waive the usual required consent, or they may take consents on the telephone with a second party at the hospital listening and verifying the consent. As soon as possible, the Family Service Worker shall visit the hospital and sign the required consents.

PRESCRIPTION DRUGS

Foster children are eligible for prescription drugs through the State Prescription Drug Program.

When there are no Medicaid providers available in cases of emergency, the Family Service Worker (with the approval of the DCFS County Supervisor) will authorize and bill for medication and medical services via the DHS-1914.

ADDITIONAL INFORMATION

EDUCATIONAL SERVICES

It is the responsibility of DCFS to provide educational opportunities to help each child meet his full potential. To insure that children in the custody of DHS receive a quality education, it is DCFS' policy to enroll foster children only in accredited public schools. Home Schooling is not permitted.

DCFS will not pay tuition for a foster child to attend a private school.

Tutoring can be purchased for a child in need of additional educational assistance. Consult your Family Service Worker with regard to this. Educational testing and counseling should be available to a foster child as he begins to make career/curriculum decisions. If a child desires to pursue college or vocational training after high school, the Family Service Worker will assist the child in the exploration of resources to pursue this plan.

FOSTER CARE STAFFINGS

A staffing is a meeting of key persons who are responsible directly or indirectly for problem solving and decision-making in regard to a child's case plan.

Staffings on the child is held within the first thirty days of the child entering foster care. The second staffing will be held ninety (90) days from the date the child entered foster care. After the second staffing, subsequent staffings will be held at a minimum of every three (3) months while the child is in foster care.

You will be invited to all staffings on children currently in your care in accordance with the CFS-462 A (Foster Home Agreement Addendum). However, it may not be necessary for you to attend the entire staffing.

Your Family Service Worker will inform you in advance of the purpose of the staffing, and what information you may be called upon to present. Information presented by you may include the following:

- Your observations about the child;
- If visits have occurred between the birth/legal family and the child, the child's reactions as perceived by you;
- The child's adjustment in your home and community;
- Any problems the child is currently experiencing and difficulties this may be causing your family; and,
- Your input regarding development of the case plan and your assessment of progress in those areas.

VISITATION BETWEEN THE CHILD AND HIS BIRTH/LEGAL PARENTS/SIBLINGS

In order to achieve reunification of families, DCFS shall strive to ensure visitation be made available within the first five days of placement. Visits will be based on the families' needs and reasons for the home placement.

The foster parent plays a very important role in the visitation of the child with parents and siblings. This role includes acceptance of the visits, emotional preparation of the child and supportive follow up with both the child and the child's worker. You can help the child by preparing the child for changes in the family circumstances or any thing that might be unexpected and difficult for the child to accept. The same supportive attitude is needed after the visit.

Your help is vital to the success of the child's visitation with family members. However, you may find visitation difficult in some situations. For example, a child may be returned to you upset, with lost clothing, uncombed hair, etc. These kinds of things may cause you to question the value of the visits. At such times, it will help to discuss your feelings with your worker and to remind yourself of the reasons for visitation. Frequently, with your supportive understanding, such problems can be worked out satisfactorily for all concerned.

In any case, you always need to report to the child's worker the reaction of the child to the visit and your perceived observation.

DCFS Policy regarding visitation include the following items:

A. Parent/Child Visitation

1. Unless otherwise ordered by a court, children in foster care shall have weekly visits with their parents. However, in the exercise of professional judgment, if such visits are contrary to the health and welfare of the child, an exception may be made to omit the visits. This provision shall not be construed to compel a child to visit with his/her parents over the child's objection.
2. Unless otherwise ordered by a court, a visitation schedule shall be established within three days of initial placement. Visits shall begin no later than five days from the date DHS assumes custody of the child unless, in the exercise of professional judgment, such visits are contrary to the health and welfare of the child or are impossible due to circumstances outside DCFS' control.
3. Visits shall, if possible, take place in the parents' home or in the most homelike setting available or in some appropriate educational or recreational setting. The DHS office is the most restrictive setting for visits and should be avoided if possible.

Visits are to increase in frequency and duration to include weekend visits leading up to the child's return home, unless specific documented harm is caused by the visits.

4. Children in foster care shall have reasonable opportunities to communicate in writing or by telephone with their parents.

B. Siblings Visitation

1. If a child has a sibling, the Family Service Worker shall arrange sibling visits. Sibling visits shall take place at least once every two weeks unless, in the exercise of professional judgment, the children's best interests require less frequent visitation.
2. Sibling visits shall, if possible, take place in the parents' home, in the home of one of the siblings, in the most homelike setting available or in some appropriate setting such as an educational or recreational setting.

PUBLICATION OF INFORMATION ABOUT FOSTER CHILDREN

There are occasions when questions may be asked or pictures requested for purposes of newspaper, television, or radio publicity. All publicity must be approved through your Family Service Worker and the DCFS County Office Supervisor.

FOSTER CHILDREN AND AUTOMOBILES

DCFS does not authorize or sign for a driver's license or for the purchase of an automobile on behalf of foster children.

Occasionally you may wish to allow foster children in your home to drive. This is at your own risk. Individual approval in such instances must be obtained from the DCFS County Office Supervisor who should be advised of the following facts:

- Does the child possess the physical and emotional maturity to drive an automobile?
- Do you plan to carry adequate property and liability insurance?
- Is Driver's Education available, either through the school, the State Police, or other persons qualified to instruct the child?
- Are you willing to sign for the child's license?
- Have the birth/legal parents been advised of the child's desire to drive, and do they approve?
- Is there written permission in the case record signed by birth/legal parents/guardian? If parental rights have been terminated and DHS has the power to consent to adoption, the situation will be discussed with the Agency Attorney before a decision is made.

If the answers are affirmative, your Family Service Worker must verify that the child has a learning permit and subsequent appropriate license.

RUNAWAYS

Foster parents need to be aware that if a child runs away from home, the first reaction should be to notify the child's Family Service Worker and/or DCFS County Office Supervisor. The foster parent must be able to provide information

regarding clothes the child was wearing, etc., to aid the worker in making a report to the police.

WHEN A FOSTER CHILD IS ARRESTED

When a foster child is arrested, you should notify your Family Service Worker. Your Family Service Worker will talk to law enforcement officials to find out where the child is being held, the alleged offense, times of the hearings, and possible repercussions. Your Family Service Worker will determine if the child understands his rights and has not unknowingly waived his rights to silence and to presence of an attorney during any questioning.

Your Family Service Worker will attempt to have the child released to your custody if you are willing to sign a statement that you will return with the child on the day of the detention hearing and/or the adjudication hearing. The child's birth/legal parents will be notified. The DHS Attorney will be notified, and will contact the Prosecuting Attorney to assure that both the rights of DCFS and the child are protected and that the child has an attorney. The DHS Attorney will represent DHS, when appropriate, in the court hearing. Your Family Service Worker will go to court with the child.

FOSTER PARENT ADOPTION

Once the parental rights have been terminated the child/ren are adoptable. You may apply to the DCFS to adopt a child. A distinction is made between foster parents who apply through the regular adoption program and foster parents who apply to adopt a particular child.

Foster parents applying through the regular adoption program must meet the same requirements as all other adoption applicants. Your Family Service Worker will refer you to the Adoption Specialist.

When you are interested in adopting a foster child in your home, DCFS will consider the benefits provided by you for that child and other certain conditions. The child's desires will be especially considered. Does the child consider your home as his home and you as his parents? Your Family Service Worker will speak with the child alone regarding this major decision in his or her life and help the child consider all the facts.

If you wish to adopt a child in your home, you should make your request known to your DHS County Office by completing the "Request for Consideration to Adopt" (CFS-489) if you meet the basic qualifications outlined on the form. Discuss your desire for adoption with your Family Service Worker to determine your eligibility.

INDEPENDENCE

Independence replaces the definition of long-term foster care and means a permanency planning hearing disposition for the juvenile who will not be reunited with his/her family and no other permanent plan is available and:

- A compelling reason exists why termination of parental rights is not in the juvenile's best interest; or
- The juvenile is being cared for by a relative and termination of parental rights is not in the best interests of the juvenile.

This category applies only to those children who are secure in their setting, who have been with you for a number of years, and for whom this is the most suitable plan that can be made. The following criteria must be met:

- The child is secure and has demonstrated his adjustment in your home and is firm in the decision, after consideration, that he does not wish to be adopted;

- You have revealed your love and affection for the child but cannot adopt;
- The child has resided in your home sufficiently long to develop close ties; and,
- It is apparent that the child should not be placed with birth/legal parents, relatives or adoptive parents.
- Child is 14 years old or older.

The foster parents will be named in the court order as Long Term Foster Parents.

INDEPENDENT LIVING PROGRAM

The Independent Living Program works with youth age 16 through age 20 who are interested in furthering their educational/vocational goals and who volunteer to be in the program. The program coordinates and provides life skills training and educational assistance in order to prepare youth for the transition into mainstream society. Training is provided in accordance with case plans and coordinated through their Family Service Workers in the area. To learn about these services, please contact the DCFS County Office.

WHEN FOSTER CARE CAN BE CONTINUED PAST 18 YEARS

When a child reaches the age of 18 and is still in an educational or training program, foster care services can be continued with proper approval. Your Family Service Worker will discuss options with the child. The child will discuss his plans with the Family Service Worker and sign a form reflecting his interest to continue in foster care.

If foster care is to be continued past a child's 18th birthday, an agreement will be established between DCFS, the child, and you in those cases where it is considered appropriate to do so.

LIABILITY OF FOSTER PARENTS

Foster parents must carry homeowner's or renter's insurance and general liability insurance, which may be included in the homeowners' policy.

Any claims for damages or destruction to a foster parent's personal property, not covered by Home Owner's Insurance, car insurance or to the property of others due to the actions of a child placed in a foster home will need to be filed with the Arkansas Claims Commission. The foster parent or the individual can request the appropriate application to submit their claim by contacting the Arkansas Claims Commission, 101 East Capitol Ave., Suite 410, Little Rock, AR 72201-3823, Telephone: 501-682-1619.

The foster parents or the individual will need to contact the DCFS County Office and provide information needed to complete an incident report. This incident report will be submitted to DHS Central Office and will be used to assist the Claims Commission in processing the claim.

DHS shall not be liable for damages caused by foster children, nor shall they be liable to the foster children nor to the parents or guardians of the foster children for injuries to the foster children caused by acts or omissions of the family foster parents unless the acts or omissions constitute malicious, willful, wanton, or grossly negligent conduct. (Act 941 of 1989)

NOTE: The information contained within this handbook is a guideline to the Family Foster Care Program. If any information contained herein should be in disagreement with official DCFS policy as written in the DCFS Family Services Policy and Procedures Manual or with state/federal law; then the policy or law shall take precedence. We urge you to discuss any concerns related to foster children in your home with your Family Service Worker.

DIVISION OF CHILDREN AND FAMILY SERVICES
COUNTY OFFICE CONTACT PERSONS

CHILD'S NAME _____

FAMILY SERVICE WORKER _____

Work Phone _____

Emergency Phone _____

FAMILY SERVICE WORKER'S SUPERVISOR _____

Work Phone _____

Emergency Phone _____

DCFS COUNTY OFFICE SUPERVISOR _____

Work Phone _____

Emergency Phone _____

In the event you need to contact the Division of Children and Family Services for any reason, please call the persons listed above in the order they are listed. For example, if you can't reach the Family Service Worker or feel you have need to speak to a supervisor, please call the second name listed.

This form may be duplicated to use with children who have different case workers.